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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/581959
	Filing Date	6/5/2006
	First Named Inventor	Il Shik Yoon
	Art Unit	3654
	Examiner Name	Kruer, Stefan
Total Number of Pages in This Submission	Attorney Docket Number	LEE-104/PCT/US

ENCLOSURES (<i>Check all that apply</i>)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i>	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other (<i>Specified below</i>)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, <i>Number of CD(s)</i> _____		
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD		
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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SIGNATURE	/ Trieu T. Mai / Reg.No. 61,354		
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